

INACTIVE LICENSE REQUEST

FOR VALIDATION ONLY

Make remittance payable to State Treasurer.
Send application with your remittance to:
Department of Licensing
PO Box 9048
Olympia, WA 98507-9048

RCW 18.16.290 allows licensees to place their **current** cosmetology, barber, esthetics, manicuring, or instructor licenses in an inactive status. **A fee of \$15 is required for each license being placed in the inactive status.** If the expiration date of the license is no more than six months from the date of the inactive status request, the licensee may request a two year extension at no extra cost. Subsequent extensions of the inactive status may be requested no more than once in a twenty-four month period and cannot exceed more than six consecutive years. There are no fees required for extensions to the inactive license status, however, a new request must be completed for each extension.

The Cosmetology, Barbering, Esthetics, and Manicuring Advisory Board may find that during the time the license was placed on an inactive status, health or other requirements applicable to the license may have changed. The Board may require that the licensee successfully complete a minimum number of curriculum hours deemed necessary to bring the licensee current with these changes. Those curriculum hours must be earned in a licensed school in Washington State and cannot exceed four hours per year that the license was inactive.

In the event a licensee fails to request an extension or pay the license renewal fee by the expiration date of the inactive license, the license will become cancelled. In order to reinstate a cancelled license, the licensee will be required to submit an application, pay the license fee, meet current licensing requirements, and pass any applicable examinations.

I, _____ request that my ☐ Cosmetology ☐ Manicurist ☐ Esthetician
PRINT NAME
☐ Barber ☐ Instructor license(s) be placed in an inactive status.

☐ I request the two year extension of the inactive status be applied to my license(es).

Signature **X** _____

Date: _____
MONTH/DAY/YEAR

STATE OF WASHINGTON

COUNTY OF _____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: _____
MONTH/DAY/YEAR

X _____
SIGNATURE OF NOTARIZING OFFICER

TITLE

My Appointment Expires:

MONTH/DAY/YEAR

Place Notary Seal Above